



Northeast CAPT News Update

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VOICES FROM THE FIELD

Maine Completes Step 1 of SAMHSA's Strategic Prevention Framework: Conducting a Needs and Resource Assessment

Maine was awarded a five-year state incentive grant (SIG) to implement SAMHSA's Strategic Prevention Framework (SPF). The SPF is a five-step planning process designed to prevent the onset of substance abuse or reduce its progression across the lifespan. The model challenges states and communities to look at the results or problems caused by alcohol and drug use and to target strategies at those populations in greatest need. It emphasizes reviewing patterns of *consumption*—how people use alcohol and drugs—as well as the *consequences* of this use.

The Needs Assessment

Maine recently completed Step 1 of the SPF process: Conducting a Needs and Resources Assessment. The assessment was designed to assess Maine's substance abuse problem, as well as the capacity of its state and local infrastructure to address these problems. The statewide assessment was informed by two major sources: (1) the SPF-SIG epidemiologist's analysis of national and state secondary data sets to identify rates of highest prevalence of alcohol and drug use by age group and geographic area; and (2) interviews with state and

local stakeholders to elicit recommendations regarding substance abuse problems, gaps in services, and local infrastructure needs that should be prioritized. The information gleaned from the assessment will be used to inform Maine's Substance Abuse Prevention State Strategic Plan.

To assess local prevention infrastructure, the Prevention Center of Excellence at the University of Maine created a series of GIS maps to show the distribution of community coalitions that have received funding from state programs. The Strategies for Healthy Youth Workgroup also conducted an assessment of the state-level infrastructure for adolescent health.

Data Analysis

Data was analyzed and reviewed by Maine's State Epidemiologic Workgroup (SEW), a structure required by SPF-SIG funding. The SEW developed a process for ranking the relative use rates and the severity of consequences of use and abuse of different types of substances. Over the next five years, the SEW will also assist the State in building the State's data capacity.

One of the challenges faced by the SEW in recommending priorities was a lack of available data on substance-related consequences. In some cases, Maine did not have enough data to draw valid conclusions. Because of low sample size, it was also difficult for Maine to compare subpopulations geographically, demographically, or over time. Maine is a large rural state with a highly dispersed population. Maine's analysis across geographic areas was limited by sample sizes in the available data. County-level comparisons were also constrained because of low sample size in many counties. Typically, the counties with the highest incidence of consequences were the highest populated, but the data do not have the ability to indicate, for example, if motor-vehicle crashes in a county were by people who lived in that county or by people simply driving through.

The Findings

State-level analyses indicated the importance of focusing Maine's SPF-SIG effort on high-risk drinking, marijuana use, and the abuse of prescription medication among youth (ages 18–25) and young adults (ages 12–17). Young adults in Maine have substantially higher self-reported rates of binge drinking and high-risk drinking than older adults. These data, coupled with the high prevalence of alcohol and drug abuse for youth, suggested the need to focus prevention efforts on both populations. This decision was underscored by the dramatic increase in use of alcohol, marijuana, and prescription drugs among youth as they move from middle school into high school.

The SEW identified as potential priorities the needs related to specific cultural subpopulations, i.e., elders; gay, lesbian, bisexual, transgender, and questioning (GLBTQ); Sudanese and Cambodian populations in Maine; prescription misuse; and methamphetamine. Depending on how and when other sources substantiate these as high priorities for Maine's SPF-SIG work, they will be included in Maine's strategic plan.

For more information on Maine's substance abuse prevention work, go to: <http://www.maineosa.org>

RESEARCH UPDATE (Selected National Epidemiological Sources of Data and Databases)

CDC's Alcohol-Related Disease Impact Database (ARDI)

<http://apps.nccd.cdc.gov/ardi/Homepage.aspx>

ARDI provides access to data that measures the impact of alcohol use on public health. Visitors to the site can use the reports to assess deaths, alcohol-attributable diseases, and years of potential life lost due to alcohol use. Data can be run nationally or by state, as well as age and sex. Data is only available through 2001.

CDC's National Center for Health Statistics (NCHS)

<http://www.cdc.gov/nchs/deaths.htm>

This site provides access to the National Vital Statistics System, which you can use to obtain birth, marriage, divorce, and mortality data and reports. To access data

for specific states and territories, go to:

http://www.cdc.gov/nchs/fastats/map_page.htm

For alcohol-specific statistics, go to:

<http://www.cdc.gov/nchs/fastats/alcohol.htm>. This site does not provide detailed reports at the state level. There is no data available past 2003.

CDC's Web-based Injury Statistics Query and Reporting System (WISQARS™)

<http://www.cdc.gov/ncipc/wisqars/>

WISQARS provides customized reports of injury-related data, including state-specific leading causes of death (many of which are associated with substance use), fatal injury reports, years of potential life lost, nonfatal injury reports, and leading causes of nonfatal injury reports. Visitors to the site can also access mortality data from 1981 through 1998 or 1999 through 2003, as well as morbidity data from 2000 through 2004.

CDC's Wide-ranging Online Data for Epidemiologic Research (WONDER)

<http://wonder.cdc.gov/welcome.html>

WONDER provides access to a variety of reports and public health data. Visitors to the site can search for and read published documents on public health concerns, including reports, recommendations, guidelines, articles, and statistical research data published by the CDC, as well as reference materials and bibliographies on health-related topics. Visitors can also view public-use data sets related to mortality, cancer incidence, HIV and AIDS, behavioral risk factors, diabetes, natality, census data, and many other topics. All data can be searched by state. Data linked to Healthy People 2010 objectives can be found at <http://wonder.cdc.gov/data2010/>

Fatality Analysis Reporting System (FARS)

<http://www-fars.nhtsa.dot.gov/>

The FARS database contains national and state statistics on traffic crashes occurring on public roadways (including those involving pedestrians and bicycles), as well as alcohol-related motor vehicle crash statistics. It does not contain information on crashes that involve marijuana or other illicit drugs, or on crashes occurring off-road, in driveways, parking lots, etc. There is a limited amount of data that visitors to the site can run themselves; the site is best for viewing data reports by topic and/or state.

National Survey of Substance Abuse Treatment Services (N-SSATS)

<http://www.dasis.samhsa.gov/webt/NewMapv1.htm>

SAMHSA's N-SSATS is an annual, voluntary survey designed to collect and report data on the location, characteristics, and utilization of services at alcohol and drug abuse treatment facilities, both public and private, throughout the 50 States, the District of Columbia, and other U.S. jurisdictions. The survey offers a "snapshot" of substance abuse treatment facilities and their clients on a typical day. Facility response rates are generally around 95 percent. Reports and data are available by state. Raw data can be accessed by going to: <http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIES/00058.xml>

New Drug Abuse Warning Network (DAWN)

<http://dawninfo.samhsa.gov/>

New DAWN is a public health surveillance system that monitors drug-related hospital emergency department visits and drug-related deaths as a way to track the impact of drug use, misuse, and abuse in the U.S. Because only 21 metropolitan cities are part of the DAWN network, data is limited to larger cities such as Boston, New York City, Buffalo, Philadelphia, and Baltimore. This site does not allow visitors to run their own data. To access data from the original DAWN, go to: <http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIES/00097.xml>

The Treatment Episode Data Set (TEDS)

<http://www.dasis.samhsa.gov/webt/NewMapv1.htm>

TEDS, part of SAMHSA's Drug and Alcohol Services Information System, is a compilation of data on the demographic and substance abuse characteristics of admissions to (and more recently, discharges from) substance abuse treatment services, routinely collected by State administrative systems. States vary in their reporting load and the latest year for which they have complete data. Visitors to the site can review the data by year but cannot run their own data. To access the raw data, go to: <http://webapp.icpsr.umich.edu/cocoon/SAMHDA-SERIES/00056.xml>

NEW RESOURCES

State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health

<http://www.oas.samhsa.gov/2k4State/toc.htm>

This report, issued on April 6, 2006, estimates state rates of use of illegal drugs, binge and underage drinking, serious mental illness, and tobacco use. SAMHSA combined two years of data from the annual National Survey on Drug Use and Health to enhance the precision of estimates for less populous states.

SELECTED UPCOMING EVENTS

Upcoming Online Courses

Locating, Hiring, and Managing an Evaluator
May 22-26

This course is designed to increase participants' understanding of the value of evaluating programs, things to consider when hiring an evaluator, and how to work with an evaluator effectively. This is the first course in a three-part series on evaluation.

Length: 1 week

Data Collection Methods: Getting Down to Basics
June 12-23

This course introduces four data collection methods (existing data, key informant interviews, surveys, and focus groups) and offers tips for improving data quality and examples of best practice.

Length: 2 weeks

What Now? Effective and Useful Data Presentation
July 17-21

The course is designed for state- and community-level prevention practitioners interested in learning effective ways to assemble and use data so that it has meaning for your audience.

Length: 1 week

All online courses are NAADAC certified. For more information on these events, please contact Melanie Adler at madler@edc.org or 617-618-2309. To receive information on course registration, please go to captus.samhsa.gov/northeast and add your name to the mailing list.

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